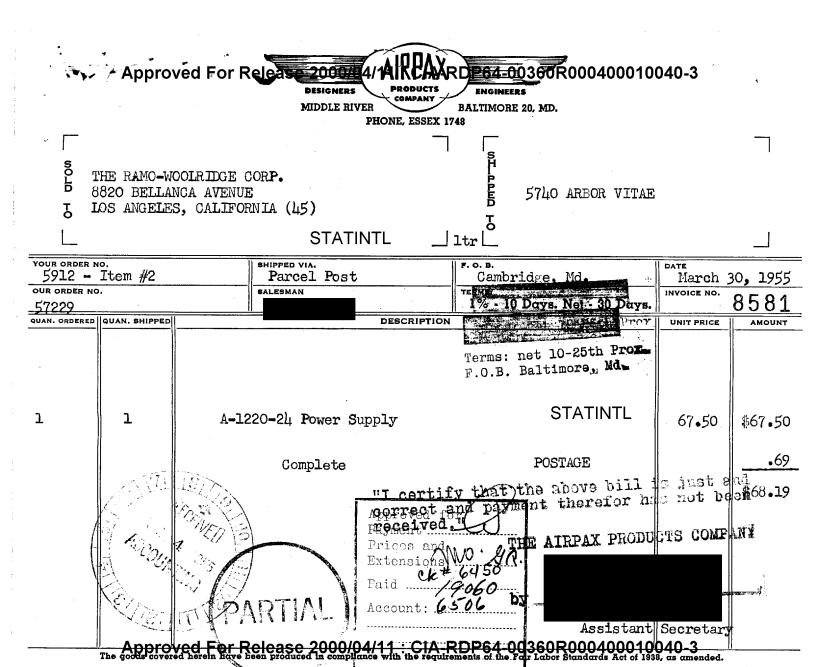
U. S. Cost Reimbursable- (Department, bureau, or establishment)					PAID BY			
Voucher prep	ared at		Give place and data					
THE UNITED S			e's Account No.	_				
To		(Payee)					
			·					
			RTICLES OR SERVIC			UNI	UNIT PRICE	
No. and Date of Order	Date of Delivery or Service	(Enter description, schedule, and Discount Terms	item number of contra other information dec	nct or Federal su med necessary)	DDPIA GAW	Cost	Per	Dollar
		Cest						9,439
				1				
PAYMENT: Complete Partial	•	·						
Final		I lee co	entinuation sheet(s) if ne	CACCAFU				
Shipped from			Weight	Government B	B/L No.		Total	9,439
I certify that the	above bill is correc	ct and just and that paym	ent has not been receiv	ved.	(Payee mus	t NOT use th	is space)	
•	ATINTL	(Sign original only)	STAT		Differences		·	·
31/	ATIINTL	(Digit Original Orily)						
Date 4-25-5	5*Payee	This certificate not regulred wh		oill or bills)				1
Per -		Title				rified; correct f or initials)		
	AlOl	Date	Reg. No		Date	n micials)	Invoice Rec	
Pursuant to autho	rity vested in me.	I certify that this account	is correct and proper	for payment.			a [, .
† Approved for \$	•	2 colony that time account	to correct and proper	-			8/23	139
Approved/for w.	A-1-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		SIGN Edwa:	rd R. Sau		athorized Certif	ying Officer)	·/
Ву			ORIGINAL ONLY	Title CO	mptrolle	r		OT 4 T
Title Cont	racting Of	ficer		Date				STAT
TINTL	-	HIS FORM MUST BE EXECUTED	WHEN PURCHASES ARE MAD	E OR SERVICES SECU	JRED WITHOUT WRI	ITTEN AGREEMEN	T IN ANY FORM	
	ACCOU	NTING CLASSIFICATION	N (Appropriation Syn	bol must be she	own: other class	sification onti	onel)	
AP				STA	TINTL			
Rivers	d W. Disse							
	l Assistan	t to the Direc		•				
	ng and Coo	ordination/Appr	oving Office	r				
				Vv:	# 5155	84		
Planni	No	dated				∫ on T	reasurer of to or of payee na	he United S

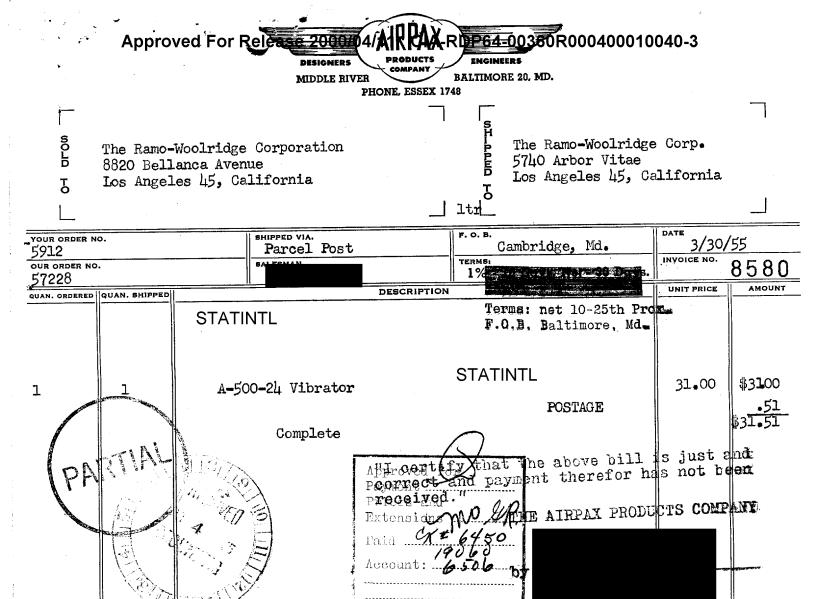
Standard form No. 1035—Revised
Form prescribed by
Comptroller General For Release 2006/04945 her Application of the Comptroller General Services Other Than Personal

CONTINUATION SHEET

No. and Date of Delivery or Service	Date of	ARTICLES OR SERVICES	OHAN	QUAN- TITY UNIT PRICE		AMOUNT	
	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	C	
1		AlOl Confidential Payroll			-	-	- -
		Direct Labor costs properly chargeable to Contract AlOl for the period 4/11/55 thru 4/17/55.				STATIN	1
		Week Ending 4/17/55 STATIN	 				
ATINTL		Overhead computed at interim rate of					
		OTHER COST				9,339	78
		Name Check #					
		Airpax Products Company 6450				99	70
		Total Labor, Overhead and Other Costs				9,439	48
						j	
							[
					.		
			}				
		r .					



	Poducts Co	DATE 4-5-5. P. O. NO. 59/2	(leg 2932)
REC'D VIA PP	8581	FREIGHT BILL NONO. OF CONTAINER	s 1 Ch
ITEM PART NO.	DESCRIPTION	QUANTITY	WEIGHT GROSS
2 #A-1220-24 Y	ower Supply		
		160	1811/19×
			19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
			200
			1/4,55
			1 24 \



//	corporatelease 2000fd41Ng Croducts Co	DATE P. O. FREIG	0R00040001 4-6-53 NO.5-9/2 GHT BILL NO OF CONTAINER	(Reg #2	
ITEM PART NO.	DESCRIPTION		QUANTITY	WEIG	GROSS
1 #A-500-24	400 Cycle Vibrate	or, Airpax	/		0.000
				91110/	
				2.4	
REMARKS:	STATINTL	STATINTL		60	1
DELIVER Lab * Approx	.)	CIA-RI CHECKED BY:	R00040001 VARIFIED BY:		<i>y</i>